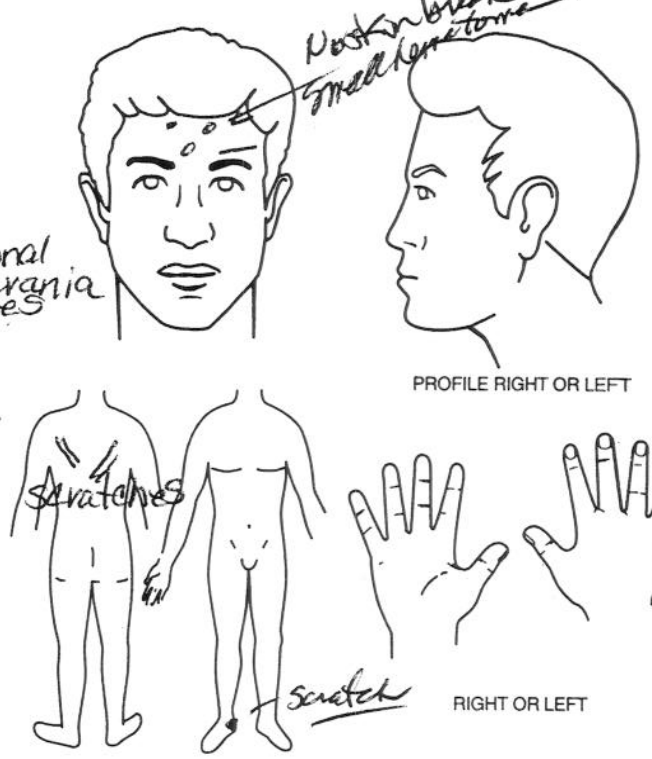


Exhibit “D”
to Affidavit of Nettie Burks
Emergency Treatment Form
dated November 3, 2004

EMERGENCY

ADMISSION DATE 11 / 3 / 04 2220		TIME AM PM	ORIGINATING FACILITY BCC		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 100.9		ORAL RECTAL	RESP. 20	PULSE 120	B/P 144, 94	RECHECK IF SYSTOLIC <100> 50 148, 98
NATURE OF INJURY OR ILLNESS S: "I was fighting. I got a few bumps and bruises, nothing great." O: Hematoma frontal of cranial ① 3cm ② 2.5cm skin intact @ frontal of cranial ③ scratch 5 inches ④ 3.5 ⑤ 2 inches ⑥ 2 1/2 Broken skin 4 inches on below it on back. Rt foot in in shoe 2cm healed (old area)			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
PHYSICAL EXAMINATION A: Body Chart per DOC P: Release to DOC						
DIAGNOSIS			ORDERS / MEDICATIONS / IV FLUIDS			
INSTRUCTIONS TO PATIENT Consider following through to mental health referral.			TIME BY			
DISCHARGE DATE 11 / 3 / 04 2235			RELEASE / TRANSFERRED TO DOC AMBULANCE DATE 11/3/04		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
INMATE NAME (LAST, FIRST, MIDDLE) Wright, Richard			DOC# 187140		FAC. BCC	